

Electronic Provider Enrollment Packets

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Electronic Provider Enrollment Forms Outline

I. Problem Statement

Currently SC Medicaid providers have to request a provider enrollment packet by either calling the Provider Enrollment Unit or mailing in a written request. The provider then has to complete the enrollment packet by either typing in the information or writing the information. The packet is then mailed back to provider enrollment. The goal is to eliminate the slow mail process and improve on the time it takes to send and receive provider enrollment packets. Providers can have instant access to the requirements and forms right at their fingertips. To improve on this process a new section will be added to the SCDHHS website for provider enrollment information. The provider can click on their provider type and all the applicable forms are there to download. This process fits nicely with the Director's initiative to replace paper processes with a "paperless" process.

In addition, the SC Medicaid Office is gearing up for the national initiative of Medicaid Information Technology Architecture (MITA) where all Medicaid information will be electronically administered. Electronic Provider applications will certainly be more sophisticated with the implementation of MITA but Electronic Enrollment Forms are one step toward this major initiative and it gets the agency to start thinking outside the box. Not only will this be a cost savings to the agency by eliminating postage it will free up Provider Enrollment Staff. Providers will benefit as well by giving them instant access to any questions or concerns about Medicaid provider participation.

II. Data Collection

- a. Identify the Current Provider Types
- b. Identify how many providers we enroll each month/year
- c. Identify the different Provider Enrollment forms and the many other forms that accompany each
- d. Identify the different provider enrollment requirements.
- e. Identify the current role of the Provider Unit

III. Data Analysis

- a. Identify the cost of mailing provider enrollment forms vs. Electronic Forms
- b. Cost of posting electronic forms on the DHHS website
- c. Identify current cost of printing out provider packets vs. cost of electronic enrollment packets.
- d. Identify how long it takes to mail out an enrollment packet
- e. Identify how long it takes to receive an enrollment packet
- f. Identify how long it takes to process an enrollment packet once received by provider Enrollment.

- g. Identify the top problems/issues/complaints provider enrollment experiences with current process
- h. Future analysis:
 - i. Website activity can tell us how many providers access our screens

IV. Implementation Plan

- a. Action Steps
 - i. Implementation Date
 - 1. Implementation needs to take place immediately. Once this process is implemented with success we would like to move to Phase II of the process. Phase II would eliminate slow mail altogether. The provider will be able to find the applicable enrollment application and fill out electronically and email back to Provider Enrollment Unit.
- b. Timeframes & Cost
- c. Potential Obstacles and methods to overcome them
 - i. Updating Requirements and Forms
 - ii. Contracted Providers
- d. Potential Resources
 - i. Provider Enrollment Unit
 - ii. Bureau of Federal Contracts staff
 - iii. Medicaid Information Technology Architecture (MITA)
- e. Communication with key stakeholders
- f. Integration into standard operating procedures

V. Evaluation Method

- a. Identify cost benefits after a year of implementation of electronic forms how this has saved the agency in time and dollars
- b. Identify the time it takes to process enrollment
- c. Provider Enrollment Unit's feedback.
- d. Develop measures to determine success

VI. Summary and Recommendations

Problem Statement:

Currently SC Medicaid providers have to request a provider enrollment packet by either calling the Provider Enrollment Unit or mailing in a written request. The provider then has to complete the enrollment packet by either typing in the information or writing the information. The packet is then mailed back to provider enrollment. The goal is to eliminate the slow mail process and improve on the time it takes to send and receive provider enrollment packets. Providers can have instant access to the requirements and forms right at their fingertips. To improve on this process a new section or page will be added to the SCDHHS website for provider enrollment information. The provider can click on their provider type and all the applicable forms are there to download. This process fits nicely with the Director's initiative to replace paper processes with a "paperless" process.

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In order to participate in the Medicaid program, a provider must be licensed by the appropriate licensing body and/or certified by the standards set by the South Carolina Department of Health and Human Services (SCDHHS). Once a provider

is deemed eligible to participate in the Medicaid Program they must complete a provider enrollment agreement form. In addition to the enrollment form there are various other documents needed to complete the process. All the documents are referred to as a Provider Enrollment Packet. All applicable forms must be on file before a provider can receive reimbursement for services rendered. SCDHHS has different enrollment procedures based on whether a provider is considered a contracted provider or non-contracted provider. A contracted provider's enrollment application must be approved by the Division of Contracts before the application can be forwarded to the Provider Enrollment Unit. Contracted providers have certain conditions beyond those covered in the provider enrollment agreement. These include items such as a specific scope of service or submission of a year end cost report.

Currently, the Provider Enrollment process is an all paper process. It has been this way since the early 1980s. Potential providers may request a Provider Enrollment Packet by calling, mailing, or faxing a request to the Provider Enrollment Unit. Once the provider completes the packet it can then be mailed or faxed back to the Provider Enrollment Unit. Many times, the enrollment packet is incomplete or illegible so it has to be returned back to the provider.

SCDHHS has an existing website where providers can access at any time to download provider manuals, provider bulletins, fee schedules and conduct web tool billing. New and existing providers are already accessing the website for other information. Eliminating this old process of mailing out packets would be an improvement of the current process and also bring enrollment back inline with current technology. By expanding the existing provider enrollment section of the website, the

provider would be able to choose, by provider type and obtain the Provider Enrollment Packet to download. Appendix A illustrates the differences in the existing process versus the proposed process.

Data Collection

There are approximately thirty (30) different provider types that are currently recognized in the Medicaid Management Information System (MMIS). This means there are thirty (30) different provider enrollment forms and provider enrollment requirements. Out of the thirty (30) providers, twenty (20) of the provider types require a signed contract in addition to the enrollment packet. Those providers have been identified by an asterisk. The table below indicates how the MMIS sorts the different provider types:

	Provider Type/Specialty	Description
*1	00	Nursing Homes
	00	Community Residential Care Facilities (CRCF)
*2	01	Residential Treatment Facilities (RTF)
*	01	Inpatient Hospitals
*3	02	Outpatient Hospitals
4	10/20	Private Mental Health Centers
*	10/28	Public Mental Health
*	10/90	Alcohol and Other Drug Abuse (DAODAS)
*	10/91	Disabilities and Special Needs (DDSN)
*	10/92	Continuum of Care for Emotionally Disturbed Children (CCEDC)
*5	15	Managed Care Provider (MCO)
6	19/04, 84	Audiologists (19/04) / Individual Speech Pathologists (19/84)
	19/06	Nurse Midwife/Licensed Midwives
	19/25	Certified Registered Nurse Anesthetist/Anesthetist Assistant (CRNA/AA)
	19/82	Psychologist
	19/85, 87	Individual Physical / Occupational Therapist

	19/86	Nurse Practitioner Screeners
	19/86	Licensed/Certified Nurse Practitioners/Clinical Nurse Specialists
7	20	Individual Physician or Osteopath
8	21	Group Physician or Osteopath
	21/82	Group Psychologist
	21/04,84,85,87	Group Therapists
9	22/04	Speech and Hearing Clinics
*	22/21	End Stage Renal Disease Clinics (ESRD)
*	22/50, 58, 97	Federally Qualified Clinics (FQHC) (22/50) Federally Funded Health Clinics (FFHC) (22/58) Rural Health Centers (RHC) (22/97)
*	22/51	DHEC/CRS Clinics
	22/89	CORF, CARF, and DHEC Certified Facilities
*	22/93	Ambulatory Surgery Centers
	22/94	Ambulatory Diabetes Patient Education
*	22/95	Developmental Rehabilitation Centers
	22/95	Infusion Centers
*	22/95	Outpatient Pediatric AIDS Clinic (OPAC)
*	22/96	Maternal and Child Health Centers
	22/98	Private Duty Nursing
10	30	Individual Dentist
11	31	Group Dentist
12	32	Individual Optician
13	33	Individual Optometrist
14	34	Group Optometrist
15	35	Individual Podiatrist
16	36	Group Podiatrist
17	37	Individual Chiropractor
18	38	Group Chiropractor
19	41	Group Optician
*20	60	Hospice
*	60	Home Health
	60	Pediatric Skilled Nursing
*21	61	Individual Community Long Term Care
*22	62	Group Community Long Term Care
23	70	Pharmacy
24	76	Durable Medical Equipment
25	80	Laboratory
26	81	Independent X-Ray & Physiology Lab
27	82	Ambulance & Helicopter
28	84	Individual Transportation
19	85	Contractual Transportation
30	89	MCCA (Social Worker)
<i>*Indicates Contracted Providers</i>		

These provider types are further broken down by specialty. For example, Provider Type 20 represents a physician, but if you wanted to find how a physician that specializes in cardiovascular disease is categorized in MMIS you will see a specialty of 05 is assigned. The Chart below illustrates the current provider types broken out by specialties:

Provider Type	Practice Specialty	Pricing Specialty
02 Outpatient Hospital		80 Outpatient
10 Mental Health	20 Private Mental Heath	20 Private Mental Health
10 Mental Health	28 SCDMH	28 Public Mental Health
10 Mental Health	90 Alcohol and Drug Abuse	90 Alcohol and Drug Abuse
10 Mental Health	91 Mental Retardation	91 Mental Retardation
10 Mental Health	92 SED Children	92 SED Children
19 Other Medical Professionals	04 Audiology	04 Audiology
19 Other Medical Professionals	06 Midwife	06 Midwife
19 Other Medical Professionals	25 Nurse Anesthetist	25 Nurse Anesthetist
19 Other Medical Professionals	82 Psychologist	82 Psychologist
19 Other Medical Professionals	84 Speech Therapist	84 Therapist
19 Other Medical Professionals	85 Physical/Occupational Therapist	84 Therapist
19 Other Medical Professionals	87 Occupational Therapist	84 Therapist
19 Other Medical Professionals	86 Nurse Practitioner	86 Nurse Practitioner

Provider Type	Practice Specialty	Pricing Specialty
20 Physician, Osteopath Ind.	03 Anesthesiology	03 Anesthesiology
20 Physician, Osteopath Ind.	02 Allergy and Immunology	14 Medical Services
20 Physician, Osteopath Ind.	05 Cardiovascular Diseases	14 Medical Services
20 Physician, Osteopath Ind.	09 Dermatology	14 Medical Services

SCDHHS has approximately 40,000 enrolled providers with about 35,000 actively billing the Medicaid system. According to the Provider Enrollment Unit, on average, SC Medicaid enrolls approximately 150 providers each month.

A Provider Enrollment Package may vary in contents but always includes an enrollment application form (DHHS Form 219 – see sample of Physician Enrollment Form - Appendix B). Other forms you find in a typical Provider Enrollment Package are Trading Partner Agreement (TPA), Electronic Funds Transfer (EFT) Agreement, IRS Form W-9, Disclosure of Ownership and Control Interest Statement Form, Minority Business Form, Restrictions on Lobbying Form, Certification of Debarment Form, or a Drug Free Workplace Form.

Out of the thirty (30) provider types there are approximately fifty-seven (57) different provider enrollment requirements. These policies and procedures relate to such things as specialized training, licensure, or certification. The physician who specializes in cardiovascular disease will, for example, have specific provider enrollment requirements.

These provider enrollment policies and procedures are incorporated into a manual called the "DHHS Provider Enrollment Procedures Manual." The manual is separated by contracted and non-contracted provider types and was developed to give the Provider Enrollment Unit step by step instructions on how to process a provider enrollment application by provider type and practice specialty.

SCDHHS contracts with a front-end contractor to perform the provider enrollment functions called The Provider Enrollment Unit. The Provider Enrollment Unit is responsible for enrolling, updating, and maintaining provider information into the MMIS.

Data Analysis

During calendar year 2008 it cost the agency approximately \$12,180.00 to mail out provider enrollment applications. This comes out to about \$81.00 per packet. Since SCDHHS already has a functioning website and designated staff to make any web changes, cost of adding the Provider Enrollment Packet would not be a factor.

The enrollment form and other related forms are copied within the agency and are not outsourced. SCDHHS is spending approximately \$3,430 per year for copy expenses on printing for Provider Enrollment packets. So, if we compare the current cost of paper copies to electronic enrollment packets, we should immediately see a cost savings of \$3,430 from printing costs.

The Provider Enrollment Unit has up to ten days to mail out enrollment forms once they receive the request. It typically takes up to ten business days for the Provider Enrollment Unit to receive a completed application back from a provider. Once the

application is received it is manually reviewed to ensure all applicable fields are completed, legible, and free of errors. The Provider Enrollment Unit has up to ten days to process the application once they receive a complete and correct packet. Electronic forms would eliminate any delay in delivery.

The top problems or issues that the Provider Enrollment Unit experiences is that a packet may get lost in the mail and the provider claims they never received the application or the provider states that they have mailed the completed packet but yet, the Provider Enrollment Unit has not received it. Another big complaint is that potential providers will call and ask why it takes so long for them to know whether they are enrolled in Medicaid or not. Part of processing an enrollment application includes obtaining verification from licensing entities. At times, this can take up to seven business days before confirmation is received. Provider Enrollment gets inquiries from potential providers unsure of what provider type they would fall under. This requires intervention from the program staff at SCDHHS. It allows providers the flexibility to peruse the website for any provider information; it frees up the Provider Enrollment Unit staff and SCDHHS staff to allow them more time to concentrate on other programmatic issues/matters. By eliminating the mailing cost of \$12,180 and copying cost of \$3,430 could generate a cost savings of \$15,600 per year. Posting all the policies, procedures, and applicable forms on the SCDHHS website will eliminate many clogs in the current system. Also, a visitor count can be added to the webpage to monitor activity.

Implementation Plan

The goal for implementation of Phase I is August 1, 2009. The design of the website is already in the works. Currently, provider enrollment information consists of a phone number for the Provider Enrollment Unit. By expanding the website for electronic provider enrollment information gives a potential provider the ability to research and see if they meet the provider requirements and whether they are eligible to participate as a provider in SC Medicaid. Once they determine they are eligible they can click on the applicable packet. Phase I will consist of posting the Provider Enrollment Packet on the SCDHHS website. Providers will be able to click on the provider type or category. The provider packet can then be downloaded or printed off for completion. As mentioned before, there should be no additional cost to the agency to add a section on Provider Enrollment Options. Potential obstacles consist of the Provider Enrollment Procedures Manual need to be updated. The provider enrollment forms were updated in 2008 to accommodate the National Provider Identifier but the enrollment procedures manual has not been updated to include this information. Program staff at SCDHHS will be involved in the revisions to these procedures. These procedures should be updated by July 2009.

Contracted providers will not be as much of an obstacle as first thought. As mentioned previously, the Provider Enrollment Unit cannot process an application from a contracted provider until the paperwork has been signed off by the Division of Contracts. Contracted providers will still be able to download the enrollment application from the website but instead of forwarding to the Provider Enrollment Unit, providers will be instructed to forward to the Division of Contracts.

Once this process is implemented with success we would like to move to Phase II of the process. Phase II would eliminate slow mail altogether. The provider will be able to find the applicable enrollment application and fill out electronically and email back to Provider Enrollment Unit. Phase II will also have one major obstacle. Once we convert to a full electronic requirement obtaining signatures will have to be addressed. All forms must have original signatures. There are not clear guidelines on the acceptance of electronic signatures. Hopefully, with MITA implementation this will all be worked out.

Potential Resources will come from communicating with the front-end contractor (Provider Enrollment Unit), potential and existing providers and SCDHHS staff will be crucial because this is the way information will be communicated to potential providers.

Prior to implementation, SCDHHS program staff and Provider Enrollment Unit will need to be educated on the new process. Integrating the electronic enrollment packets into operation will be developed by SCDHHS staff within the MMIS User Services Department. The Department serves as a liaison with SCDHHS staff and the front-end contractor. This will be accomplished by developing standard operating procedures to show the methodology of the flow of the web page(s) design and function.

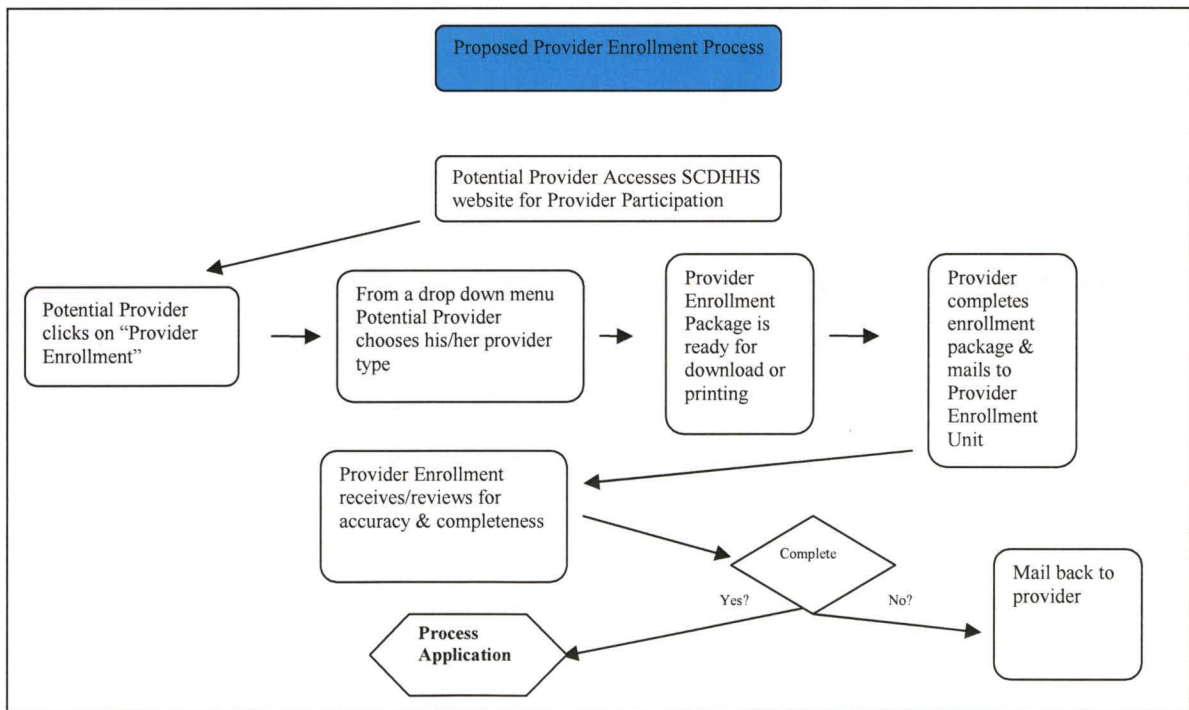
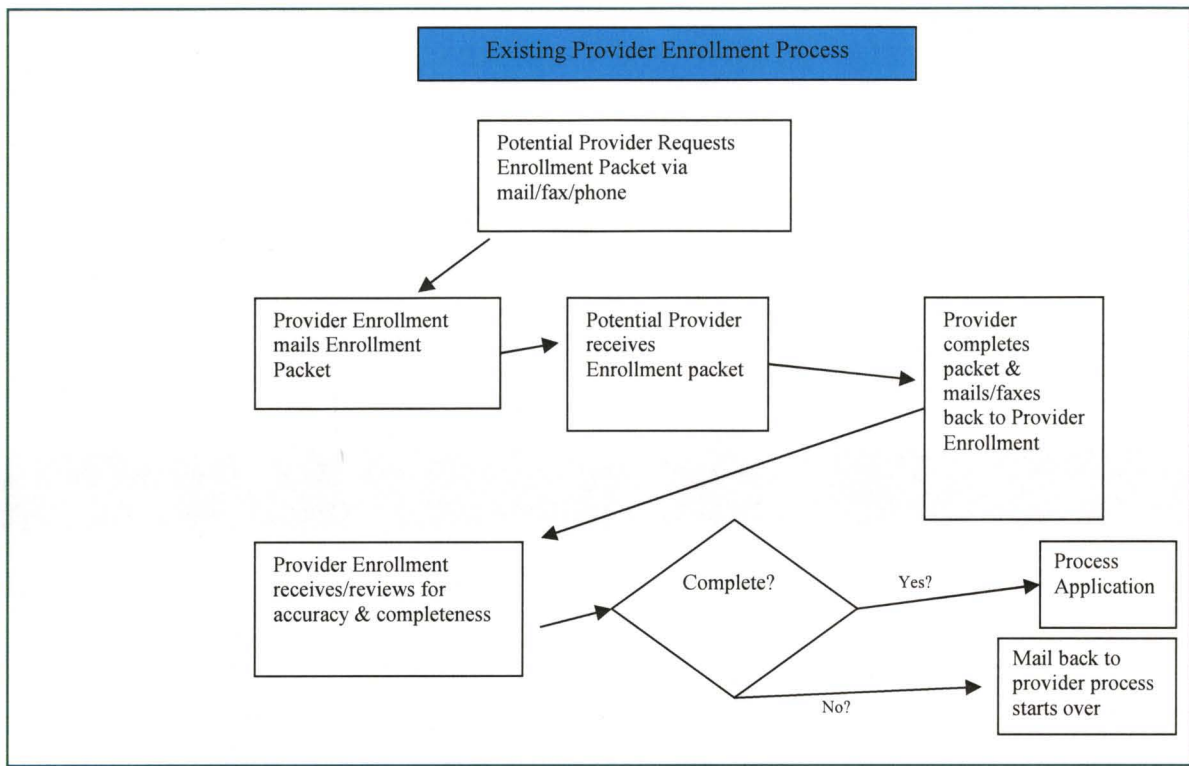
Evaluation Method

After a year of successful operation it will be important to evaluate the cost savings this program has brought to the agency. Process time should immediately show reduction from minutes compared to days. A satisfaction survey should be added to the website after the provider has enrolled to provide feedback. As time goes on we will determine other ways to measure success of this new process.

Summary and Recommendations

In summary, the implementation of electronic Provider Enrollment Packet forms comes at a time when the agency and state is looking at ways to reduce cost. This is a great way to eliminate cost. It should prove to reduce mailing cost, staff time, printing costs, and other operating expenses. It will prove to be more efficient, beneficial, and convenient to the providers and the Provider Enrollment Unit Staff. SCDHHS has already implemented electronic billing transactions and has promoted many other electronic processes. In the next five years, MITA (Medicaid Information Technology Architecture) business processes will become a big reality to SC Medicaid. With this huge transformation on the horizon, converting all provider information to electronic capability is a step in the right direction. Electronic Provider Enrollment should prove to have more consistency in the enrollment process, less staff time, and provider satisfaction should greatly improve.

Appendix A



Forward completed form to: Medicaid Provider Enrollment
Post Office Box 8809
Columbia, South Carolina 29202-8809

MEDICAID ENROLLMENT DATA
INDIVIDUAL PHYSICIAN, M.D. or D.O.

SHADED ITEMS ARE FOR AGENCY USE ONLY AND NO INFORMATION SHOULD BE ENTERED BY THE MEDICAID PROVIDER. **ITEMS IN BOLD CAPITALS** MUST BE COMPLETED OR THIS FORM WILL BE RETURNED TO YOU.

ITEMS MARKED WITH AN ASTERISK (*) SHOULD BE COMPLETED BASED ON THE CODES LISTED ON THE ATTACHMENT TO THIS FORM.

1 Medicaid No.				2 Provider Type				4 Sort Key																																																																							
3 PROVIDER'S NAME																																																																															
5 Tax Payer Identification Name																																																																															
Physical Location Address																																																																															
7 NUMBER AND STREET																																																																															
9 CITY																				10 STATE										11 ZIP + 4																																																	
Payment Address (If different from mailing address)																																																																															
6 In care of, Attention, Building Name, etc.																																																																															
8 Number and Street, PO Box or Route No.																																																																															
12 City																				13 STATE										14 ZIP + 4										15 COUNTY*																																							
*6 TELEPHONE (INCLUDE AREA CODE)																				17 Type Owner										18 EC Ind.										20 IRS EMPLOYER ID NO.																				SOCIAL SECURITY NO.																			
() -																														N																																																	
List in Field 5 the Tax Payer Name that match Id# in Field 20																																																																															
21 MEDICARE ID NO.										22 LICENSE NO.										23 LICENSE ISSUE DATE										24 STATE LIC. BOARD*										25 DIALYSIS INDICATOR																																							
26 PRIMARY SPECIALTY.*										27 Secondary Specialty.*										28 Group Numbers																																																											
If a member of a PA, enter ID number assigned by Medicaid.																																																																															
29 Enroll Status										30 Enroll Date										31 CLIA Number Attach Copy of CMS CLIA Certificate <table border="1" style="width: 100%;"> <tr> <td colspan="10">Effective Date</td> <td colspan="10">Expiration Date</td> </tr> <tr> <td colspan="10"></td> <td colspan="10"></td> </tr> </table>																				Effective Date										Expiration Date																													
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32 NPI NO.										33 NPI ISSUE DATE																																																																					
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ATTENTION: A statistically valid random sampling technique with extrapolation may be used for determining overpayments/underpayments to medical providers

I certify that I have read the conditions of participation and payment on the reverse side of this form, that I understand and agree to the conditions of participation on the reverse side of this form, that the enrollment information I have furnished is true, accurate, and complete and that I will report any change affecting my enrollment. I further certify that I will obtain authorization from each Medicaid patient to release to SCDHHS medical information necessary for processing Medicaid claims.

Signature and Title of Authorized Agent: _____ Date _____
A facsimile stamp is not acceptable.